



**TOWN OF NORTHBOROUGH
BUILDING DEPARTMENT
63 Main Street, Northborough, MA 01532
Phone 508-393-5010 Fax 508-393-6996**

**APPLICATION FOR PLAN EXAMINATION AND
BUILDING PERMIT FOR STRUCTURES
OTHER THAN ONE OR TWO FAMILY DWELLING**

Map# _____

Parcel# _____

Zone(s): _____

GWPO Area(s): _____

PROPERTY ADDRESS: _____ LOT SIZE: _____ SQ. FT.

SECTION I – TYPE AND COST OF BUILDING – all applicants- (complete Parts A – D)

A. TYPE OF IMPROVEMENT		B. USE GROUP AND CONSTRUCTION TYPE						CONSTRUCTION TYPE	
<input type="checkbox"/> New Building/Structure		A Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/>	1A
<input type="checkbox"/> Addition		B Business	<input type="checkbox"/> B					<input type="checkbox"/>	1B
<input type="checkbox"/> Alteration		E Educational	<input type="checkbox"/> E					<input type="checkbox"/>	2A
<input type="checkbox"/> Repair, replacement		F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2				<input type="checkbox"/>	2B
<input type="checkbox"/> Demolition		H High Hazard	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4		<input type="checkbox"/>	2C
<input type="checkbox"/> Other _____		I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4		<input type="checkbox"/>	3A
		M Mercantile	<input type="checkbox"/> M					<input type="checkbox"/>	3B
		R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-5		<input type="checkbox"/>	4
		S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2				<input type="checkbox"/>	5A
		U Utility	<input type="checkbox"/> U					<input type="checkbox"/>	5B
		M Mixed Group							
		S Special Use							
Complete this section if existing building undergoing renovations, additions and/or change in use:									
Existing Use Group _____					Proposed Use Group _____				
Existing Hazard Index (780 CMR 34): _____					Proposed Hazard Index (780 CMR 34): _____				
C. COST									
Building	\$ _____								
Electrical	\$ _____								
Plumbing	\$ _____								
Heating/A.C.	\$ _____								
Fire Protection	\$ _____								
TOTAL	\$ _____								
D. OWNERSHIP		BRIEF DESCRIPTION OF PROPOSED PROJECT:							
<input type="checkbox"/> Private (individual, corporation or non-profit institution)		_____							
<input type="checkbox"/> Public (federal, state or local government.		_____							

SECTION II – SELECTED CHARACTERISTICS OF BUILDING (for new buildings, additions and alterations – complete parts E – G)

E. PRINCIPAL TYPE OF HEAT	F. TYPE OF SEWERAGE DISPOSAL	G. TYPE OF WATER SUPPLY
<input type="checkbox"/> Gas	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private, well
<input type="checkbox"/> Oil		
<input type="checkbox"/> Electricity		
<input type="checkbox"/> Other – Specify: _____		

SECTION III – THE FOLLOWING QUESTIONS MUST BE ANSWERED – NO EXCEPTIONS

Will any wetlands be filled? _____ Will there be any excavation within 100 feet of a wetland? _____

Will there be any excavation within 200 feet of a river/stream? _____

Does an open culvert leave or discharge on the lot? _____

Does this lie within a flood zone (F.I.R.M.)? ☐ Yes ☐ No

Will any trees at the road be removed on town property? _____

How Many? _____

Please complete both sides

For Department Use only: Date Received

SECTION IV – PROPERTY OWNERSHIP – to be completed by all applicantsOwner of Record *(please print)* _____

Mailing Address: street, town/city, state, zip _____

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Telephone Number _____**SECTION V – OWNER AUTHORIZATION – to be completed when contractor or agent is applicant**

As owner of the subject property I hereby authorize _____

Contractor / Agent *(please print)* _____

to act on my behalf in all matters relative to the work authorized by this building permit application.

Signature of Owner _____

/ /
Date _____**SECTION VI – PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES – FOR BUILDING AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OR ENCLOSED SPACE.)****A. Registered Architect / Registered Professional Engineer – Submit “Construction Control Affidavit”**Name (Registrant): *(please print)* _____

Address _____

Signature _____

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Telephone Number _____☐ Not Applicable

Registration Number _____

CONSTRUCTION SERVICES – FOR BUILDINGS LESS THAN 35,000 C.F.**B. Licensed Construction Supervisor**Name of Licensed Construction Supervisor *(please print)* _____

Address street, town/city, state, zip _____

Signature _____

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Telephone Number _____☐ Not Applicable

License Number _____

/ /
Expiration Date _____**SECTION VII – APPLICANT DECLARATION CONSTRUCTION - ALL APPLICANTS MUST COMPLETE**

I, _____, as Owner / Contractor / Agent hereby declare that the
Please print *(Circle one)*
statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

Signature of Applicant _____

/ /
Date _____**FOR DEPARTMENT USE ONLY**

USE GROUP: _____

CONST. TYPE: _____

BUILDING PERMIT NUMBER:

BP - _____

BUILDING PERMIT ISSUED: / /

BUILDING PERMIT FEE: \$ _____

Ck# / Cash

/ /
Date

APPROVED BY: _____

Inspector of Buildings / Local Inspector

/ /
Date**REMARKS/NOTES:**